

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213514695</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Appalachian Power Company</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX RD STE 301</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>3/31/2013</b></p> <p>SCC ID NO: <b>00293480</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1 RIVERSIDE PLAZA</p> <p style="margin-left: 40px;">CITY/ST/ZIP: COLUMBUS, OH 43215</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: CHARLES R PATTON  TITLE: P/COO  ADDRESS: 1 RIVERSIDE PLAZA  CITY/ST/ZIP/CO: COLUMBUS, OH 43215 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHARLES R PATTON TITLE: P/COO ADDRESS: 1 RIVERSIDE PLAZA CITY/ST/ZIP/CO: COLUMBUS, OH 43215	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME:	MARK E DEMPSEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	MICHAEL HEYECK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	JEFFERY D LAFLEUR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	TIMOTHY K LIGHT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	MARK C MCCULLOUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	LANA L HILLEBRAND	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	MARK A PYLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	SCOTT N SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	155 NATIONWIDE BLVD.		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	PHILIP A WRIGHT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	DAVID M. FEINBERG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	THOMAS G BERKEMEYER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		

NAME:	JEFFREY D CROSS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	RENEE V HAWKINS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	JOSEPH M BUONAIUTO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	ANDREW B REIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST CONTROLLER		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	JULIE WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST CONTROLLER		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
NAME:	JULIA A SLOAT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1 RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	COLUMBUS, OH 43215		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MARK A PYLE	MARK A PYLE, VICE PRESIDENT	3/25/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			